

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Patent No.	7,071,603
Issue Date	July 4, 2006
First Named Inventor	Chul Ha Chang
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	23976-08191

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Arrow Capital Corporation ATTN: Steve Trollope
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Address	6910 Santa Teresa Blvd., Second Floor
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Address	
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City	San Jose	State	CA	Zip	95119
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Country	
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Telephone	(408) 961-8910	Fax	(408) 961-8957
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- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Robert A. Hulse, Reg. No. 48,473
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Signature	/Robert A. Hulse/
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Date	April 5, 2007
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NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.